Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Medicaid Enrolled Providers of Respite Care Services and Service Facilitators under the Home and Community Based Waiver Programs, the Children's Mental Health Demonstration Grant, and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

FROM: Gregg A. Pane, MD, MPA, Director
Department of Medical Assistance Services

MEMO: Special

DATE: 6/1/2011

SUBJECT: Notice of Changes to Service Limits for Respite Care Services – ***Effective July 1, 2011***

The 2011 session of the Virginia General Assembly mandated that the Department of Medical Assistance Services (DMAS) amend the 1915(c) home-and-community based waivers Elderly or Disabled with Consumer Direction, Individual and Family Developmental Disabilities (DD) Support, Intellectual Disabilities, Technology Assisted, and HIV/AIDS and the Children's Mental Health waiver program to decrease the annual respite care hours limit from 720 to 480.

This 2011 Appropriation Act, Item 297 WW mandate supersedes all previously issued provider manuals with respect to respite services. These changes are targeted to be effective July 1, 2011, pending Centers for Medicare and Medicaid Services (CMS) approval. Provider manual and regulatory changes are forthcoming, the Appropriation Act mandate provides DMAS authority to implement this change until updates to the manuals and regulations are finalized.

As part of the implementation, DMAS is also changing the time frame for calculating respite hours from a calendar year to a state fiscal year. Up to 480 hours of respite services may be authorized annually (July 1 – June 30).

This 480 hour limit applies to agency-directed respite, consumer-directed respite or any combination of the two. There is no allowance for an increase in hours beyond the 480 hour/fiscal year limit nor will any unused hours, as of June 30, 2011, be carried over for the remainder of any year. It is part of the provider's responsibility to educate members of this change, as well as to educate them in the appropriate use of respite services.

General Information:

The Department of Medical Assistance Services will be creating new Service Authorization (Serv Auth) lines for respite services for the waivers listed above as well as ending current existing Serv Auth lines. The new Serv Auth's will have approval for 480 hours per state fiscal year and span a two year approval period beginning on 07/01/11 and ending on 06/30/2013, with the exception of the Children's Mental Health Waiver Program, for which service authorizations will continue to have a one year approval period. These new service authorization lines will be added to the existing service authorization number already on file with the provider and will be a one-time automatic generation of the service authorization. The purpose of the creation of the new lines is to allow providers time to transition to the new Serv Auth period. Those existing service authorizations

that have not had claims activity for greater than 13 months will not have new service authorization lines automatically generated. For any service authorizations which are not generated based upon claims activity, the provider of service will need to submit a new request to the appropriate service authorization entity for reauthorization of services.

Providers should follow their normal documentation update process for respite services. DMAS is issuing a two-year authorization period; however, this does not relieve the provider from updating the plan of care or other documents as specified within the provider manual.

Providers will not have to submit any documentation to the appropriate Serv Auth contractor for the one-time automatically generated respite service authorization line that begins July 1, 2011. Providers must assure that all criteria are met during this authorization period, as all current rules and regulations continue to apply for post payment review of this time period. Providers will need to seek Serv Auths for any individuals beginning services on or after July 1, 2011. This includes new enrollments and provider transfers. Providers should follow the existing Serv Auth process.

Individual and Family Developmental Disabilities Support Waiver Plans of Care:
The DD Waiver plans of care will require that case manager's request up to or equal to 480 hours of respite for those plans that have a start date of July 1, 2011 and beyond.

Technology Assisted Waiver:
The Appropriations Act language does not apply to the Technology Assisted Waiver and that waiver remains at the current service limits for respite.

Alternate Methods to Obtain Service Authorization, Eligibility, and Claims Status Information:
DMAS offers an enhanced web-based Internet option (ARS) to access information regarding Medicaid or Family Access to Medical Insurance Security Plan (FAMIS) eligibility, claims status, check status, service limits, service authorization, and pharmacy prescriber identification. The ARS website address is https://www.virginiamedicaid.dmasvirginia.gov/wps/portal.

If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Help Desk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M, Monday through Friday, except holidays.

The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.